

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project # MA6672	Postmark	Date Received	Notification #	
I. Type of Notification (O=Original R=Revised C=Canceled) R				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Buckeye Partners LP				
Address: 9999 Hamilton Blvd				
City: Breinigsville	State: PA	Zip: 18031		
Contact: Ryan Taylor	Tel: 570-768-1228			
REMOVAL CONTRACTOR: N/A - Previously Abated				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
OTHER OPERATOR: Brandenburg Industrial Service Company				
Address: 2217 Spillman Drive				
City: Bethlehem	State: PA	Zip: 18015		
Contact: Tim Sparwasser	Tel: (484) 895-9980			
III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D				
IV. IS ASBESTOS PRESENT? (Yes/No) No - Previously Abated				
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Foam House, Dispatch Building and Boiler House				
Address: 722 Court Street				
City: Brooklyn	State: NY	County: Kings		
Site Location: See above				
Building Size: 10,000	# of Floors: 1	Age in Years: 40+		
Present Use: Abandoned	Prior Use: Oil Storage Terminal			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Survey performed, samples analyzed by PLM/TEM. ACM materials previously abated				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes	N/A			Ln Ft: Ln M:
Surface Area				Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				Complete:
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 09/07/2021				Complete: 10/29/2021

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Demo will be by mechanical means. Scrap and debris will be disposed of/recycled.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

N/A - Asbestos previously abated

XII. WASTE TRANSPORTER #1

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City:

State:

Zip:

Tel:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Work will cease, amended water will be applied to the material in question and a sample will be taken for analysis by PLM/TEM.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.


(Signature of Owner/Operator)

08/26/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:


(Signature of Owner/Operator)

08/26/2021

(Date)